

Smog Check Technician Duplicate Wall License/Replacement Badge License Request Form

Please complete this form if you require duplicate wall licenses or a replacement badge license. Each additional duplicate wall license requested in a single order are \$2.00 each. All orders will be sent to your address shown below. Note: if you are requesting a replacement badge license, you must sign and return the certification below with your request form.

| | |
|--|-----------------|
| First Duplicate Wall License | \$ 5.00 |
| Additional Duplicate Wall Licenses ____ x \$2.00 | \$ _____ |
| Replacement Badge License | \$ 5.00 |
| Wall and Badge License Package | \$ 10.00 |
| TOTAL | \$ _____ |

Name: _____

Address: _____

Make company check, cashier's check or money order payable to PSI. No personal checks or cash accepted. Send payment along with this form to:

Smog Check Technician License #: E

Daytime phone #: (_____) _____

PSI
3210 EAST TROPICANA
LAS VEGAS, NV 89121

To obtain a form to request a duplicate Adjuster or Station license, see the BAR Web site www.bar.ca.gov, or call (916) 255-3145.

I HEREBY CERTIFY under penalty of perjury under the laws of the State of California that I am the above technician requesting the duplicate license(s).

PRINT NAME

SIGNATURE

DATE

E
SMOG CHECK TECHNICIAN LICENSE #